

FEC FORM 2
STATEMENT OF CANDIDACY

12 AUG -9 PM 3: 11

1. (a) Name of Candidate (in full) Rep. Connie Mack			2. Candidate's FEC Identification Number S2FL00334	
(b) Address (number and street) P.O. Box 519		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Naples FL 34106-0519		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY,	5. Office Sought Senate	6. State & District of Candidate FL 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Connie Mack, Inc.	
(b) Address (number and street) P.O. Box 519	
(c) City, State, and ZIP Code Naples FL 34106	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES


(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Mack Victory Committee	
(b) Address (number and street) 228 S. Washington Street Suite 115	
(c) City, State, and ZIP Code Alexandria VA 22314	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Rep. Connie Mack 	Date 08/06/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2012 Senate Win

(b) Address (number and street)

228 S Washington St Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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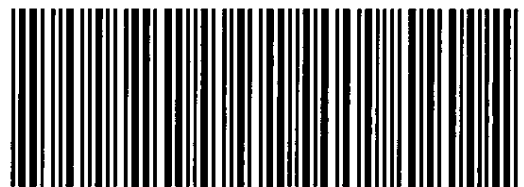
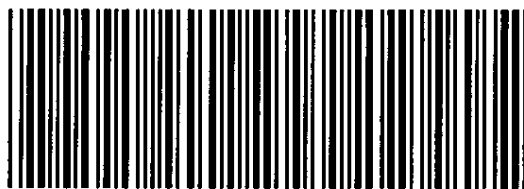
PREPARER

DH

DATE PREPARED

8-9-12

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